

INFORMATION BULLETIN

JOB TRAINING PARTNERSHIP ACT

Number: B97-145

Date: June 5, 1998

Expiration Date: 12/31/98
69-1:39:js

TO: SERVICE DELIVERY AREA ADMINISTRATORS
PRIVATE INDUSTRY COUNCIL CHAIRPERSONS
JTPD PROGRAM OPERATORS
EDD JOB SERVICE OFFICE MANAGERS
JTPD STAFF

SUBJECT: ONE-STOP EXTENSION CONSIDERATION

The purpose of this Information Bulletin is to announce that requests will be considered to extend the term of existing Title III 40 percent funded One-Stop projects. No additional funding will be made available. The purpose of the extension would be to complete project objectives and fully expend the current funding. Extensions beyond June 30, 1999, will not be considered. Extension requests will be considered on a case-by-case basis. Please advise your program manager immediately, if it is your intention to request an extension for your One-Stop project and as to the date your request will be submitted.

Extension requests should include the following documents:

- Adjustment Services Project Plan Application/Amendment Signature Page (JTPA 103-A),
- Participant Plan (JTPA 107-A), and
- Adjustment Services Budget Summary Plan (JTPA 108-A).

These forms will not be available for downloading from the Internet. However, copies of the forms have been attached for your convenience.

Questions regarding this matter should be addressed to your assigned program manager.

/S/ BILL BURKE
Assistant Deputy Director

Attachments

STATE OF CALIFORNIA
 JOB TRAINING PARTNERSHIP ACT TITLE III
ADJUSTMENT SERVICES PROJECT PLAN APPLICATION / AMENDMENT REQUEST
SIGNATURE PAGE

SUBGRANTEE:

PROJECT TITLE:

TERM:

THROUGH

INITIAL APPLICATION ("X"):

AMENDMENT REQUEST NUMBER:

SUMMARY PURPOSE STATEMENT:

THIS PROJECT APPLICATION/AMENDMENT REQUEST CONSISTS OF THE FOLLOWING DOCUMENTS MARKED WITH AN "X":

Narrative

Participant Project Plan

Budget Summary/Support Documents

APPROVAL FOR SUBGRANTEE/SERVICE DELIVERY AREA (Submit two original signature copies):

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Typed Name and Title

SIGNATURE AND DATE

EDD JOB SERVICE FIELD DIVISION CHIEF REVIEW (Applications which have not been reviewed, will not be processed):

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Typed Name and Title

SIGNATURE AND DATE

FOR STATE USE ONLY

Program Manager signature and date:				/ /
Fund Coordinator signature and date:				/ /
Regional / Industrywide Project	Yes		No	
Subgrantee Code (Alpha):	JTA Code:	YOA:	Amount:	
		199 ____	\$	
		199 ____	\$	
		199 ____	\$	

JTPA 103-A (6/16/97) Title III Project

STATE OF CALIFORNIA / JOB TRAINING PARTNERSHIP ACT TITLE III / PARTICIPANT PLAN

SUBSTATE GRANTEE:					
PROJECT TITLE:					
TERM:	THROUGH				
SPECIAL PROJECT APPLICATION (X):					AMENDMENT REQUEST NUMBER:

QUARTER END (SPECIFY MO/YR):						
A. TOTAL PARTICIPANTS (1+2)						
1. PARTICIPANTS CARRIED-IN						
2. NEW PARTICIPANTS						

B. NUMBER OF PARTICIPANTS BY ACTIVITY (Non-additive; 1-6 individually =< A.)						
1. BASIC READJUSTMENT SERVICES (=A)						
2. JOB SEARCH/JOB CLUB (subset of 1)	////	////	////	////	////	////
3. CLASSROOM TRAINING: BASIC, GED, OR ESL						
4. OCCUPATIONAL SKILLS TRAINING						
5. ON-THE-JOB TRAINING						
6. OTHER TRAINING						

C. TOTAL TERMINATIONS (1+2+3+4+5)						
1. ENTERED UNSUBSIDIZED EMPLOYMENT (a + b)						
a. ENTERED UNSUBS EMP FROM RETRAINING						
(1) RELOCATED OUT OF AREA (Subset of a)	////	////	////	////	////	////
b. ENTERED UNSUBS EMP FROM BASIC READJ						
2. CALLED BACK/RETAINED BY LAYOFF EMPLOYER						
3. TRANSFERRED TO OTHER JTPA PROGRAM						
4. ENTERED NON-JTPA PROGRAMS						
5. ALL OTHER TERMINATIONS						

D. CURRENT PARTICIPANTS (A-C)						
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NOTE: (1) DATA SHALL BE CUMULATIVE WITH THE EXCEPTION OF D. (2) SECTION B IS NON-ADDITIVE; DUE TO MULTIPLE ACTIVITY PARTICIPATION

E. PLANNED OUTCOME INFORMATION FOR END OF PROGRAM YEAR/PROJECT			
1. PLANNED ENTERED EMPLOYMENT RATE	%	3. PLANNED COST PER PARTICIPANT RATE	\$
2. PLANNED AVERAGE HOURLY WAGE AT PLACEMENT	\$	4. PLANNED COST PER ENTERED EMPLOYMENT	\$

STATE USE ONLY	PROJECT NUMBER:			STATE USE ONLY
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STATE OF CALIFORNIA / JOB TRAINING PARTNERSHIP ACT TITLE III / ADJUSTMENT SERVICES BUDGET SUMMARY PLAN

SUBGRANTEE:			
PROJECT TITLE:			
TERM:	THROUGH		
SPECIAL PROJECT APPLICATION (X)		AMENDMENT REQUEST NO:	

I. FUNDING IDENTIFICATION	YEAR 1	YEAR 2	YEAR 3	TOTAL
A. SUBGRANTEE ALPHA CODE:				
B. GRANT CODE:				
C. YEAR OF APPROPRIATION:				
D. SUBGRANT/CONTRACT NUMBER:				
E. TOTAL ALLOTMENT:				
II. TOTAL ALLOTMENT COST CATEGORY PLAN	YEAR 1	YEAR 2	YEAR 3	TOTAL
A. BASIC READJUSTMENT SERVICES				
B. RETRAINING				
C. NEEDS RELATED PAYMENTS (NRP)				
D. SUPPORTIVE SERVICES				
E. ADMINISTRATION				
III. QUARTERLY TOTAL EXPENDITURE PLAN (MM/YY)	YEAR 1	YEAR 2	YEAR 3	TOTAL
A. 09 / :				
B. 12 / :				
C. 03 / :				
D. 06 / :				
E. 09 / :				
F. 12 / :				
G. 03 / :				
H. 06 / :				
I. 09 / :				
J. 12 / :				
K. 03 / :				
L. 06 / :				
IV. COST COMPLIANCE PERCENTAGES (%)	YEAR 1	YEAR 2	YEAR 3	RETRAINING WAIVER
A. % OF RETRAINING EXPENDITURES	%	%	%	YEAR 1: YES/NO
B. % OF NRP AND SUPPORTIVE SERVICES EXPENDI	%	%	%	YEAR 2: YES/NO
C. % OF ADMINISTRATIVE EXPENDITURES	%	%	%	YEAR 3: YES/NO

STATE USE ONLY	PROJECT PLAN NUMBER:	STATE USE ONLY
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